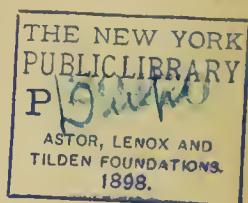


ON
PROVISION



FOR THE

INSANE POOR OF THE STATE OF NEW YORK,

AND THE

ADAPTATION OF THE "ASYLUM AND COTTAGE PLAN" TO THEIR WANTS;
AS ILLUSTRATED BY THE HISTORY OF THE COLONY OF
FITZ JAMES, AT CLERMONT, FRANCE.



BY CHARLES A. LEE, M. D.



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ON PROVISION FOR THE INSANE POOR.

Statistics go to show, that with the advancing civilization of the age, insanity in every form advances with equal step; and it is one of the great problems of modern society, how to provide in the best way for the constantly increasing number of these cases. In Great Britain, France and Germany, this question of social science has been for some time past occupying the minds of the philanthropic, but as yet, it would seem, without arriving at any uniform or practical conclusion. In England and Wales, where there are about twenty thousand lunatics, officially known, the question is solved almost entirely in one way, namely, by congregating the insane in large public asylums, costly to erect and equally so to maintain; while in Scotland, it is the custom to restrict the use of asylums to cases requiring special care and treatment, and to care for the chronic and harmless ones in work-houses or in private dwellings. Reference is here made, of course, to the pauper class of the insane. In England, as among us, the constant endeavor and aim have been to enlarge every existing asylum, or build new, to meet the increasing number of applicants; but there, as well as here, the inquiry begins to be made, whether this is the best mode of meeting the difficulty. It is well known that the crowded state of lunatic hospitals is, for the most part, due to the preponderance of old cases, of the demented, the imbecile and paralytic—quiet and chronic cases—not necessarily incurable, which do not benefit by, nor require the expedients so useful to the more acute and disturbed cases. The two classes indeed, differ so widely, as we shall see hereafter, that their treatment involves different principles and rules of management. Facts bear out the conclusion, that ordinary asylums are not the proper places for these chronic cases, to say nothing of the enormous expense that would necessarily be incurred in supporting this whole class in such establishments. Past legislation in this and other States, shows that our law-makers never designed that chronic patients should be detained in asylums for no other reason than that they continue of unsound mind; and their detention is deemed justifiable only when their discharge would prove incompatible with the safety of the public, or with their own safety and welfare. The question then recurs, what shall be done with this numerous class? Shall they, as in the past, be sent to our county poor-houses and jails, to be closely incarcerated, perhaps chained; confined in dark, filthy, unventilated, damp and wretched cells—deprived of all human sympathy, and that care and considerate treatment, which human beings under such unfortunate circumstances have a right to expect. Such has been the disposition made of them in the past, to the disgrace of the humanity of our State; and, although public attention was called to their condition more than twenty years ago, in a very able report by Miss Dix, the result of her own personal observations, nothing was done

on the subject until the year 1864 when the Legislature of New York authorized the late Dr. Willard to investigate the condition of the insane poor, in the various poor houses, almshouses, jails, insane asylums, and other institutions where they are kept, not including such as are now required by law to report to the Legislature of the State. Upon the revelations of this report was founded the legislation of 1865, which authorized the establishment of a State Asylum for the "chronic insane," and the better care of the "insane poor." The law then passed provided for the appointment of three Commissioners by the Governor, to select, contract for and purchase a suitable site for a building, and the construction of suitable buildings for an asylum; also for the appointment by the same of six Trustees, who are to have the general supervision of the establishment, fixing the rate of board per week not exceeding two dollars, designating the counties from which the chronic pauper insane shall be sent to the said asylum, &c. It also directs, that all chronic insane pauper patients who may be discharged, not recovered, from the State Lunatic Asylum at Utica, and who continue a public charge, shall be sent to the new asylum for the insane to be erected;—while all the indigent or pauper insane, who shall have been insane less than one year, are directed to be sent to the State Lunatic Asylum. Seventy-five thousand dollars are appropriated for carrying into execution the provisions of this act.

In accordance with this legislation commissioners were appointed (Drs. Gray, Chapin and Williams), and the State Agricultural Farm at Ovid selected as the site of the buildings. Contracts have been made for the erection of the main asylum edifice, and as the commissioners have in hand \$80,000 available for building purposes the present year, there is good reason to expect that important progress will be made in the enterprise before the close of the year.

The leading features of the law have been very properly criticised by the editors of the *Journal of Insanity*, on the ground of not meeting the question of proper provision for the insane. The criticism assumes that "the treatment of acute insanity should take precedence of all other considerations," for "inasmuch as from 70 to 80 per cent. of cases in the early stage are curable, in this way only can the State be relieved of the burden of chronicity. But it is to be recollect that hardly 50 per cent. of recent cases are now cured under existing regulations, where every inducement is held out to friends to send such patients, at an early stage, to asylums, and there is no reason to believe that a much larger proportion would be sent under any circumstances whatever. According to the census of 1860, there were 4,317 insane, and 2,314 idiots in the State of New York; but it is well known that the enumeration was very inaccurate, and in all probability the number is at least one third, or even one-half greater; for this would only give one insane person to about 900 of the total population (3,880,735), whereas it is known to be at least one to 600. It will be perfectly safe to assume, therefore, that our insane number at least 6,000,*

* It is a question of importance whether we ought not to include, among the *insane and idiotic*, all adults who, by reason of lack of intellect, or disturbance of the mental powers, are unfit for self-guidance and self-maintenance in society as it is now organized, and with the existing competition for a livelihood. If this be done, then the number would be three or four fold above what is stated.

and probably considerably over this number, the great majority of which are chronic cases; 1,345 of whom are in our poor houses, a few in jails, and the remainder at their homes, or in the State or county asylums. According to Dr. Willard's statistics, 345 out of the 1,345 pauper insane are capable of labor, though it is stated that if "properly managed this number would be increased, and there would be gathered into such an asylum scores of mild cases now at large, whose friends, unable to support them at the State asylum, are unwilling to consign them to the miseries of the poor-houses." The estimate of Dr. Willard, however, approximates very closely to that of Dr. Gray, of the State Lunatic Asylum at Utica, who, in his report for 1865, says: "I am well satisfied from long and careful observation that from 22 to 25 per cent. would be the highest estimate for six hours workers, who could be depended upon." In the female department, however, he thinks the proportion who could labor would be greater.

The criticism, then, of the editors of the *Journal of Insanity*, is a just one. The State, in creating one new asylum, has not made "proper provision for its insane poor;" for the asylum about to be erected will not provide for one-fourth of them; nor does it provide for the successful treatment of recent cases, which are far too numerous for the existing asylums to take charge of, a majority of whose patients at present run into the state of chronicity, and thus become proper subjects for State provision. Dr. Gray, in his excellent report for 1861, very justly remarked that "the partial and limited provision for the insane must give way to some system more comprehensive and just, and more in accordance with the civilization of the age. In the care of the poor and the insane much is yet to be done. A system based upon the wants and conditions of the various classes to be relieved must be developed and put into operation. Hospitals, with all their varied appliances for the treatment of acute cases, must still be demanded; *but, for the care of chronic insanity, more simple and less expensive arrangements will be required and adopted.*" (p. 31).

Just so; and on the ground of expense, as well as inadequate provision, the legislation of 1865 will prove inadequate to meet the case.

Let us look, for a moment, at the present arrangements for the management and care of the insane in the United States:

DEFECTS OF EXISTING ARRANGEMENTS FOR THE CARE OF THE INSANE.

No one who has given much attention to the subject of insanity, or the provisions made in our asylums for their proper treatment, but must agree with Dr. Gray in the opinion, that "more simple and less expensive arrangements will be required and adopted," and we may add, far more satisfactory and successful also. Like corporeal diseases, generally, those of the mind differ in kind, in degree, in duration, &c., and require corresponding differences in treatment and modes of management. It would be absurd to treat physical diseases all on the same plan, and with the same remedies. But that is virtually done in cases of insanity. It is even contended, now, that the quiet and disturbed, the chronic and acute cases, ought to be placed together and treated alike; we suppose on the principle, that the violent case will be soothed and quieted by the sight of the apathetic, quiet, chronic one; while the stupid

imbecile and demented will be favorably stimulated and aroused by the sight and hearing of the violent and noisy.

The mode of life in our lunatic hospitals is abnormal and unnatural; a dull unvaried routine—wholly opposed to the former habits of the patients, and calculated to exert an unfavorable influence both upon the body and the mind—all are subjected to this same unvaried rule, the same unyielding routine, with scarcely any regard to their previous habits and associations. If the mind shows signs of permanent disturbance and perversion, the unfortunate individual is hurried off to a lunatic asylum, as a safe refuge, where he at once takes his place in a common ward, where he is compelled to associate with many companions wholly distasteful if not disgusting to him; where he is obliged to find such comfort and consolation as he can. He will probably, in addition, have a room assigned him eight feet wide by ten in length, and eight feet high, while the general accommodations and conveniences of the ward are not exactly such as sane persons would desire if left to their choice.

The classes of patients sent to insane hospitals differ far more in kind and quality than the accommodations furnished them. Some require very little if any restraint and seclusion; they are well able to pay; they need moral treatment rather than physical; kind and soothing advice, congenial associates, quiet guardianship, gentle manners in their attendants—and all those refined influences, which act so favorably on cultivated minds. Where can those be had in ordinary asylums? Then there is a class the very opposite of this. They are violent, noisy, suspicious, troublesome; perhaps querulous, censorious, and even dangerous at times; they may be from the upper or lower ranks of society; in conversation, often vulgar and indecent; theoretically, they form a class by themselves, and are to be shut up in one common ward, each sex by itself. But where do we find suitable arrangements for this class of patients in any of our asylums?

But there is another and the largest class of all, composed for the most part of chronic cases; quiet, harmless, industrious persons, who need employment, guidance and direction, under the charge of kind and intelligent overseers; labor, systematic, regulated and of that kind best suited to their previous habits and occupations; labor, not compulsory, in the strict sense of the word, but made so pleasant, inviting and useful, as to draw the insane, as it were, irresistibly towards it, for *activity* is the law of our nature, whether sane or insane; and no class is so fond of exertion as a great proportion of the chronic insane. Too often, for want of suitable employment, it is allowed to be expended in abnormal manifestations, and paroxysms of muscular violence, which seldom if ever occur under a well regulated system of out-door exercise. It is this large class for which provision is to be made; a class very improperly designated as *incurable*; as experience has shown that recoveries among them are by no means infrequent. An ordinary hospital is not the best place for them; they need no barred doors, windows and gates; no prison-like arrangements whatever. They need oversight, care and mild control; but no expensive palaces; no herding together in vast halls and dormitories; no physical restraints. What they need, chiefly and above all, is useful occupation, with as many of the comforts and pleasures, and associations of family and home, as it is possible to provide for them.

And then, where in our present asylums is there proper provision made for that large class of convalescents, who find companionship with their insane associates irksome, injurious and intolerable? They might long ago have returned to their homes, if the very influences surrounding them had not exerted an injurious effect upon them, and kept them dejected, melancholy and dissatisfied. What they needed was small, home-like cottages, with pleasant gardens, filled with shrubs and flowers, ornamental and useful plants, where they could find retirement, quiet and pleasant occupation, and where they could, to some extent, choose their associates and companions. Dr. Bemis, of the Massachusetts Insane Hospital, at Worcester, speaking of the defects of that institution, which it is well known is one of the best in the United States, says, that one of its great and growing wants is, "some resting-place which shall make the passage of the convalescent, from the confinement of the hospital to the freedom of society, gradual and safe, and so afford time and opportunity for the weakened powers of the mind to become strong enough for the daily conflict of life." He also complains of his hospital, as necessarily applying the same arbitrary rules to all classes of patients, and to every grade of disease, remarking that the same unsatisfactory relations exist for those who require all the tact, skill and strength of the institution, and those who only require the comfort, rest and peace of an asylum; comparing its operation to that of a machine, bearing with equal, unyielding severity upon the mild and harmless and the violent and dangerous—affording the same amusements and pleasures to the incurable and demented, as to the most intelligent convalescent.

Another evil in the management of our insane hospitals is the frequent, perhaps unavoidable, changes in the corps of attendants, and the employment of such as are unfitted for this specialty. We all recognize the importance of trained nurses for the management of the sick, of men or women, who, in addition to their peculiar natural qualifications for the work, have undergone a regular apprenticeship to the calling under the training and teaching of those who have, by long experience, become fully acquainted with the business. Such training institutions are now established all over Europe, and we have a few in this country; but none for teaching the more difficult, if not important work of caring for the insane, the demented and the idiotic. Men are taken from the workshop or the farm, such as can be had, without any natural or acquired fitness for the task; often without education, self-control, gentle manners, mild dispositions, philanthropic feelings, or taste for this special calling, to say nothing of lack of knowledge of mental diseases, or experience in the management of the insane; or young women, probably of the lower classes, possibly of foreign birth, equally deficient in all the essential qualifications of attendance on such a class of patients; and to such is entrusted their principal moral and physical management. This certainly is an evil of no ordinary magnitude, and calls loudly for correction. Any change for the better, however, is out of the question until a higher rate of wages is established for skilled attendants, and sufficient inducements held out for individuals to engage in this useful calling, as a profession to be followed for life, and not taken up because nothing else offers, and laid aside when something else does; and no persons should be employed in this capacity without undergoing a careful examination as to their

special qualifications for the work, and when the proper individuals are found, every proper inducement should be held out for retaining their services as long as possible. To this end, provision should be made for a retiring pension at a certain age.

Another serious defect in the management of our lunatic establishments, especially the larger of them, is the deficiency of *physical and moral treatment*, from the lack of sufficient medical attendance. These institutions are generally divided into male and female departments, each in charge of its respective officer, occupying different portions of the building or buildings; * while the superintendent exercises a general supervision over both sections, and has the general management of the institution, as its finances, and various other secular duties, &c. Besides, he is often called away to testify as a skilled witness in courts, frequently at a distance, and is thus a good deal necessarily absent.

On the two assistants, then, for the two departments, fall the heavy duties of physical and moral treatment for perhaps several hundred cases; and as insanity is founded in physical disease, it is a labor of no ordinary magnitude to investigate each case carefully, in order to ascertain the precise derangement which has led to the mental disturbance. So latent is the seat of the corporeal disease, in many cases, as to defy the clearest scrutiny and the highest diagnostic skill. Nothing but close and frequent observation and long experience can, in many instances, unravel its mystery and disclose the secret springs of the mental derangement; and then frequent changes occur in the physical, and consequently the moral and mental condition, which require careful attention.

No one can doubt the great value of what is called *moral treatment* in these cases; although what is called such generally amounts to little more than the classification of patients in separate wards, according to their mental and physical conditions. It may, perhaps, be doubted whether this can strictly be called moral treatment. As well might we say that the shepherd practices moral treatment when he separates his Saxony and Merino breeds from the common flock, and has also a separate enclosure for the black sheep, &c. Besides, this principle is entirely abandoned when it is contended, as it often is, that the chronic and recent or acute cases should be treated together. There is as much reason for this as there would be for introducing small-pox or cholera cases into a surgical ward set apart for the treatment of wounds and accidents.

Now the question occurs, is one physician adequate to the proper discharge of such onerous and complicated duties? Take such an institution as that at Utica, with its six hundred patients, we ask, with Dr. Gray, its able superintendent, "how can one medical officer, however capable and conscientious, acquire that intimate knowledge of the various and varying mental and physical symptoms of three hundred patients, which is essential to the proper management of each individual case? How can he daily examine and prescribe for them, and at the same time keep full clinical records of each from its reception to its discharge; conduct the voluminous correspondence with the friends

* In the Pennsylvania Asylum alone, as yet, separate buildings at a distance have been provided for the different sexes.

of patients, and attend to the multifarious minor affairs connected with his office?" Dr. Gray estimates that if each physician in the asylum devotes three minutes to each patient, it would require fifteen hours to make one visit through his department, and the State law demands one daily visit to each patient; but many require much longer time than this. Now, to say nothing of physical treatment, moral treatment, we suppose, involves the necessity of personal intercourse, and the influence of the sane on the insane mind; of social and kind manners, and soothing, genial and interesting conversation and society—are three minutes per day sufficient for all this? But allowing that thirty per cent. would be an approximate estimate for the acute or recent cases under treatment at Utica, and twenty per cent. of the chronic insane, as Dr. G. estimates, the former being the favorable cases and the latter the hopeless or unfavorable, still all require frequent if not daily medical inspection, and the law contemplates that they shall have it.

We are glad, though not surprised, to find the superintendents of our asylums, which in some respects are excellent, acknowledging this great deficiency. There is no class of practitioners so heavily taxed in mind and body, if they perform their duties faithfully, as those who are connected with these institutions; and they break down early, fifteen to twenty years being the average period of active service, and their salaries not being sufficient to allow them to accumulate much if any surplus, there is every reason for allowing them, as well as the attendants and nurses, a retiring pension, or an annuity fund should be specially appropriated to this purpose.

The evils which we have now pointed out, as connected with our State asylum, and which are inseparably connected with all large institutions similarly organized, necessarily grow out of its unwieldy and overgrown size; and hence, the legislation of 1865, which directed all recent cases, in counties not furnished with asylums, to be sent to Utica, was only calculated to increase these evils—and, in the same way, the new Willard Asylum is threatened with failure, by making it the receptacle for all chronic insane paupers of the same counties, as we shall show hereafter; two hundred and fifty is the greatest number of recent cases which should be ever congregated in any one establishment. But if the asylum and cottage or hospital and asylum plan, be combined in the same institution, the number of inmates may be increased to five hundred; and, as the number is increased, the cost per capita is diminished. But the plan proposed is not founded on simple economical considerations, but as a mode of cure, and as furnishing the best provision for the comfort, happiness and welfare of the inmates. To be sure this mistake will be partially corrected by carrying out the provisions of the law of 1866, which provides for the establishment of a new insane hospital on the banks of the Hudson, by the appointment of a board of Commissioners, to locate the hospital, and make other necessary arrangements for carrying the law into effect. But if Massachusetts, with her million and a quarter of inhabitants, finds three large asylums, besides several private ones, inadequate to furnish accommodations for her insane, how many will be needed for the four millions of the population of New York? This is a simple question in the rule of three, which any school boy can answer. If the State should, to-day, make provision for three more institutions, on the asylum and cottage

plan, in different sections, each to accommodate 500 patients, it would be hardly sufficient for all who are proper subjects for State care and guardianship. There can be little doubt, that the therapeutical management of the insane admits of great improvement. The influence of physical agents on the mind is, even yet, but very imperfectly understood; and no branch of therapeutics deserves closer study than this. But notwithstanding this, there is none which physicians are more strongly tempted to neglect. There is, in fact, no situation which calls for such vigilant industry, such unwearied patience, such humanity as is proof against all disappointments and temptations, as that of physician to the insane; and it is not at all strange, that we sometimes find them desisting from curative efforts, medicinal and moral, and contenting themselves with keeping their patients well fed and out of the way of accidents. Even where physical restraints have been laid aside, and personal supervision substituted, there is a constant tendency to again resort to them; thus saving both expense and trouble. But there can be little doubt that by this quiescent method, many lunatics are deprived of the chances of cure, and many are unnecessarily confined for life. He is the model "mad-doctor," whom all the vexations and troubles of an asylum, cannot divert from the great duty of providing for the cure of the greatest possible number of his patients, and for the comfort of all. Such a man is merciful to all who are placed under his control, regardless alike of their insensibility and their ingratitude; thus imitating, at humble distance, the just equanimity of a higher power, on which he and they depend.

While it is admitted that our lunatic hospitals, as a whole, are highly creditable to the State, embodying as they do the popular feelings of charity and christian duty, they still labor under certain disadvantages and evils, as we have seen, which are remediable, and which ought to be remedied. Besides those already pointed out, no one will deny that they are altogether too much crowded. Segregation instead of aggregation should be the ruling principle in the management of the insane. No special class of diseases, physical or moral, should be collected in large numbers, if it can be avoided. We are too apt to forget that they are in a morbid condition; their exhalations and secretions are morbid; their moral influences on each other are morbid, and by congregation, these are exaggerated and intensified—occasionally, patients may be made useful to each other, but not often; on the contrary, the reverse is more frequently the case. By classification, asylum physicians try to lessen or prevent these evil influences, but this can only be partially accomplished. What the insane need is association and relations with the sane, not the insane—moral treatment, to be efficacious, demands this. The only reasons why they are collected together, are economy and the necessities of the case. The old New England custom of hiring out the chronic manageable pauper cases to farmers, is far better than the disposition generally made of them in our own State.

It must also be admitted that there is too much restraint in our asylums. They have too much the air of prisons. The sound of bolts and bars and keys, is not agreeable to any one, especially the morbidly sensitive and suspicious, as all insane people are. Dr. Brown, of the Bloomingdale Asylum (Report for 1863), speaking of lunatic asylums in Great Britain, says, "they

were the best I saw in my tour, and in many of these, I was most favorably impressed by the minute attention to the fullest comfort of patients; by the marvellous tidiness, tranquility and cheerfulness of almost every individual in large county asylums; by the measure of freedom permitted, in all classes of institutions, to large parties who go on long excursions, and even make sojourns of several weeks at the sea side, in houses especially hired for the purpose; and by the admirable efforts to render the apartments of patients attractive, and their airing courts *real* pleasure grounds; by ornamental gardening, a profusion of shrubbery and flowers, and by various devices to encourage open air occupation and exercise." The writer can also confirm the truth of this statement by his own personal observation. Occasional walks and drives are not sufficient. There must be free egress to the open air, and to spacious grounds, for a large proportion of the patients; there may be some excuse for the lack of cubic space in doors, but there is none for lack of space to range in by day.

But after all, the greatest evil or defect in the existing arrangements of our insane asylums is, that they do not make suitable provision for the occupation and employment of their inmates—none are more sensible of this than the superintendents themselves, and we now propose to present the different plans proposed by those who have had the amplest experience, in order to provide a remedy for this great and serious deficiency.

PLAN OF THE SUPERINTENDENT OF OUR STATE ASYLUM, J. P. GRAY, M. D.

"The first requisite of the State," says Dr. G. (*Journal of Insanity*, October, 1865, p. 218), "is additional hospital accommodation. The State should be apportioned into three sections, equal in population, and the insane of the central section sent to Utica. Two hospitals for the treatment of acute, paroxysmal or violent cases, should be built, one in the eastern and one in the western section, whose sole architectural requirement should be perfect adaptability to the wants of hospital practice. Separate buildings, less expensive and of simpler construction than the hospital, and disconnected with it, should be provided for the quiet, the filthy demented and paralytics. Buildings of a suitable form should also be erected for the treatment of epileptics. Each hospital should have a farm attached to it, of from three to five hundred acres, to the cultivation of which the labor of patients should be particularly directed, both from economical considerations, and the medical benefits to the insane, of out-door life and occupation. Upon the farm there should be cottages for the employees engaged in the various agricultural and industrial departments of the institution. With these employees the orderly industrious chronic, or the convalescent acute patient, might reside. Such an arrangement would permit a certain degree of family life, and a larger liberty to this class, than are compatible with the organization of the hospital proper. It might be found practicable, after due consideration, to withdraw a certain proportion of patients from the hospital and domicil them in cottages, which could, in great measure, be constructed at small expense by the labor of the patients themselves. That some classes of the insane may be thus provided for, with

advantage to themselves and at comparatively small outlay, has been fully demonstrated in asylums in England and on the continent."

PLAN OF J. S. BUTLER, M. D., SUPERINTENDENT OF THE HARTFORD RETREAT.

At the meeting of superintendents of insane asylums in June, 1865, the question of better provisions for the chronic insane, and increased facilities for the cure of recent cases, came up for discussion, when Dr. Butler stated (*Report of Mass. Board of State Charities*, 1865, p. 221) that he had long and earnestly considered the subject, and had lately been called upon by his board of trustees to furnish the Legislature of Connecticut with some facts relating to the incurable insane of that State, and their present condition. In investigating this matter he had found reason to believe that the whole number of insane in Connecticut is about 600, and of this number only about 200 are in the Retreat for the Insane at Hartford; that a considerable part of this 200 are incurable, and nearly all of the remaining 400 are so; and that he had good grounds for thinking the condition of these incurable patients, outside of his hospital, often very far from what it should be. They are kept in almshouses, in jails and in private families; are sometimes neglected, sometimes chained, and otherwise ill treated. Such of this class as are in the Hartford Retreat are comfortably lodged and treated; but they take up the room which might otherwise be occupied by curable patients, and thus, and in other ways, interfere with the proper office of a curative hospital. He recommended, therefore, that a farm should be purchased, and plain buildings of a suitable nature be erected on it, which should be occupied by the incurable insane, whose labor should be employed to carry on the farm. He thought that such labor would be remunerative, and that the expense of supporting these incurables could be much reduced in this way, and their treatment made much better than at present, while the curative treatment of recent cases of insanity could be carried on better in hospitals if this class of incurables should be removed. He had recommended such a plan to the Legislature of Connecticut, who, he thought, were disposed to look favorably upon it.

Dr. Hills, of Western Virginia, Drs. Choate and Walker, of Massachusetts, Dr. Peck, of Ohio, Dr. Douglass, of Quebec, and several others, all superintendents of lunatic hospitals, concurred in the views expressed by Dr. Butler.

PLAN OF DR. HILLS, SUPERINTENDENT OF THE WESTERN ASYLUM OF VIRGINIA; FORMERLY PRINCIPAL OF THE CENTRAL OHIO ASYLUM AT COLUMBUS, OHIO.

Dr. Hills, for many years the able superintendent of the Central Ohio Lunatic Asylum, now in charge of the Insane Hospital of Western Virginia, who has personally examined the best institutions of the kind in Europe—some of them in company with the present writer—in his report for 1864, recommends what he calls a "Farm House," or "Hamlet Home for the Chronic Insane," with the following details:

1. A farm of 500 acres near a railroad, with good building stone, water and fuel.

2. The erection of two buildings, one for each sex, for perhaps 100 each, and admitting there 200 promptly.

3. Adding annually other buildings, and promptly receiving the patients until the maximum number was provided for. These buildings to be clustered in village style, each with its yard and other surroundings.

4. The first attention should be given to the health, comfort and happiness of these patients, and the next to developing their industrial powers and capabilities, with the combined object of health, happiness and self-support.

5. The establishment to be officered with a board of trustees, superintendent, assistants, steward and matron, as the asylums are.

6. When this institution has grown to the extent that prudence or experience dictates, another of like character to be started elsewhere.

7. The designation to be "Farm Home for the Insane," or, in view of the village style of building suggested, "Hamlet Home for the Chronic Insane."

Dr. Hills avows the opinion that such an establishment may be made nearly self-supporting. He calls attention also to the fact that the *workers* among the insane are found mostly among the incurable class, and the smallest proportion among the curable; that, when trained to any duty, the incurable is very steady and persistent in it, while the curable work for a comparatively short period during convalescence, and being often unwilling to work for any but himself. It is a well known fact too, that those regularly trained to work are not satisfied unless steadily employed. Dr. H. also refers to institutions in Europe, which we have also visited, where a large majority of the patients are constantly employed in gardening and agriculture, feeding and taking care of stock, teaming, building, &c., or in carrying on some of the lighter kind of manufactures, such as making brooms, baskets, boots and shoes, clothing, tinware and furniture, such as bedsteads, tables, stands, bureaus, chairs, etc. All the vegetables and grain, as well as stock, milk, butter, cheese, &c., used in these establishments, are raised on the premises by the patients themselves; as well as flax and hemp for cloth and ropes, and wool for flannel; all of which are manufactured by them also.

PLAN OF DR. BEMIS, SUPERINTENDENT OF THE MASSACHUSETTS STATE HOSPITAL AT WORCESTER.

We have already stated that Dr. Bemis argues that the existing system of organization of hospitals for the insane is defective, inasmuch as it presents to all, whatever may be the grade of their disease, the same unvaried rule, the same unyielding routine.

Dr. B. proposes a plan for the reorganization of the Worcester hospital, which treats annually nearly 600 patients, and which has proved as successful as any other institution of the kind in the country. He thinks it has, to a good degree, answered the wants of the community, but is not adequate to meet the growing demands of another generation, except by extending its plans, multiplying its facilities and improving its system, so as to afford to all the greatest possible chances for recovering, and the greatest amount of comfort to such as may not recover. His recommendation is, to establish family circles for some of the convalescent of both sexes, by opening a home and

placing it under the care of a married couple of well tried, faithful, skillful attendants; and the same also for a class of harmless, industrious incurables, &c., and then quietly and steadily persevere until the experiment shall prove a success.

This, it will be seen, is the asylum and cottage plan, and to carry it out, Dr. B. recommends either first to lease or purchase some cottages already built in the vicinity, or second, to sell the whole hospital property purchase new grounds, and erect appropriate buildings, "perfectly adapted to the wants of the insane;" third, or sell certain lands belonging to the hospital, and "proceed quietly to remove the material in the present buildings, one wing at a time, to Chandler Hill, or some other good location, and there use it in the construction of new buildings, so far as it can be made available." "Could this," or any similar plan," says Dr. B. "be adopted and carried out, a wide step would be taken in advance of any existing arrangements for the care and recovery of the insane."

The following details of the plan will commend themselves to all acquainted with the subject, as in the highest degree judicious, and calculated to answer the end designed:

"In the carrying out of this or any similar plan suggested by the foregoing remarks, a departure would of course be made from the general style and character of hospital buildings. There would be the central edifice—the hospital proper—in which would be placed all the cases of acute mania, the violent and dangerous, the suicidal and troublesome—having every arrangement for classification, and every convenience for the treatment of insanity, with large and airy sleeping rooms and day rooms, and with improved facilities for bathing, and a more reasonable arrangement for water-closets. There would be, on one hand, a few cottages, plain, neat and convenient, for the quiet, harmless and industrious of both sexes, with workshops, where they could follow such industrial pursuits as could be made available, with a laundry and bakery for the whole. On the other hand, there would be the residences of others, who would devote their time to the cultivation of gardens, in music, reading and writing, walking and riding, and such other light occupations and amusements as they were accustomed to follow when in health. Then, there would be the chapel and lecture room, in which there would be, at regular intervals, divine service and frequent lectures, sociable and reading-clubs."

We think Dr. B. has shown a commendable degree of moral courage, in breaking over the barriers of routine, prescription and combined opposition to any innovations on the present stereotyped arrangements; and believe he will be sustained in his laudable efforts, both by his trustees and the community generally. Long abuses and defects become at last so familiar as to blind our eyes to their magnitude and deformity, and the mind is even startled at the very suggestion of change or improvement. No one can deny, that with the arrangements suggested, patients would have all the real benefits of home treatment; all the pleasures of the family circle, with suitable occupation, recreation and amusement, and much more open air exercise than can now be enjoyed. They would enjoy the society and companionship of friends and relations with much more comfort, and would enjoy all the social ties in a more reasonable and generous manner. Above all, the restored would pass

from the hospital to the world at large by gradual steps, and recover one by one his customary duties and responsibilities.

PLAN OF DR. CHIPLEY, SUPERINTENDENT OF THE EASTERN KENTUCKY LUNATIC ASYLUM.

Dr. Chipley is evidently dissatisfied with the existing arrangements in his hospital for the treatment of insane, which differs in no essential point from ordinary asylums. Though opposed to the separation of recent and chronic cases in different establishments, he virtually endorses the asylum and cottage plan in his last report.

“The scheme” he remarks, “which appears to me to be the most feasible, free from the insuperable objections which attach to any of the exclusive plans proposed, less liable to abuses and more economical than the system which now prevails, is an institution which shall combine hospital facilities for the treatment of the curable with an asylum as a place of refuge for the incurable. There is no incompatibility in these elements, and the union is favorable to the interests of all classes. I believe that the welfare of all classes of the insane would be promoted in an institution constructed to meet the wants and wishes of every grade of society. Every scale of accommodation should be provided, so that no obstacle to recovery, or to the enjoyment of the remnant of life, should exist from any violence done to the former habits or prejudices of those admitted. No where should these accommodations fall below the standard which is designated by that expressive word—comfortable. The insane cannot be made self-supporting, but their labor properly directed will contribute largely to their support, promote the restoration of many of the curable, and improve the health and add to the happiness of the incurable.

“Here is precisely the point, and the only point, where I can discover any possibility of lessening the annual expenditure for the maintenance of the insane poor, if it is our purpose to treat this unfortunate class with humanity. Economy here happily coincides with the best interests of those concerned. Labor has been the life-time habit of most of our subjects, and without it they become the victims of the most distressing ennui. Of course this system does not contemplate profit as a primary object—it is only incidental—the guiding star is the health, comfort and happiness of those for whose benefit it is designed. The possibility of cure is never to be lost sight of, and hope is to be fostered to the last.”—[*Report, 1865.*]

In reviewing the above opinions, it will be found that they all coincide in favor of a different kind of institution for the insane than our ordinary asylums. The reasons are candidly stated, and it must be acknowledged that they are of a most weighty kind. Coming as they do from men of ability and the most ample experience, they are not to be disregarded by those to whom has been entrusted provision for the care and proper management of this unfortunate class. They all recognize the importance of regular employment for the chronic insane, and the lack of means and appliances in our insane establishments to keep them thus employed. All who have had opportunities of observation, admit that the patients in European hospitals, especially the English, do a great deal more work than ours, while there are no differences in the previous habits of life sufficient to explain this. It has been

truly remarked that our people are a busy people, and the tendencies and habits which they have when sane, continue to influence them after they become insane, to a considerable degree. We may safely assume, then, that our asylums ought to furnish sufficient variety of occupations to interest and employ the patients, not occasionally, but as a regular system from day to day. Occupations suited to their various conditions, and capacities and tastes.

Dr. S. G. Howe, of the Massachusetts State Board of Charities, truly remarks (report for 1866): "Billiards, bagatelle, battle-doors and the like, are well enough for some, but most of the patients never saw such things before they came to the hospital, and will not be likely to get a taste for them any more than they will for olives or for the fine arts. Yankees must become very demented before they cease to ask, what's the good of a thing? Few men are insane in all respects. The balance wheel is not broken in all. Many have some faculties, and can come under the influence of the ordinary motives which stimulate people to active industry."

It is a great mistake to suppose that amusements are what the insane require. How soon they pall upon the taste, and weary even the sane, when made the chief object of pursuit; and especially those lower and middle classes, which furnish the great proportion of our insane poor. Accustomed to labor and unused to games and sports, what they need is regular, light employment, sufficient to work up their surplus nervous energy and occupy their attention, and so regulated as to become a habit, when it will be sought for and felt to be a necessity, as much as food or sleep. But watch the insane when induced to engage in what, by a misnomer, are called amusements, and see with what listlessness and indifference they engage in them; how little animation they exhibit; how soon they tire and become disgusted. The faculties of the insane mind, if indeed faculties remain, are not such as to be stimulated or benefited by what ordinarily go under the name of amusements. In certain conditions, in some particular cases, in individuals accustomed to such methods of diversion, they afford the means of whiling away some, otherwise weary and listless hours; but this is the exception, not the rule, and especially in the case of the pauper insane. The *light gymnastics* recently introduced into the Pennsylvania Asylum, are admirably adapted to interest, amuse and benefit a certain class of patients—a class, however, comparatively small. For the kind of patients we are now considering, there is no substitute for moderate manual labor in the cultivation of the farm and the garden; for the value of out-door occupation consists as much in the change and variety it gives from the monotony of in-door asylum life, and the mental recreation thus afforded, as in the mere physical effects of muscular exercise. In the appropriate seasons the preparation of the soil, the planting and gathering of crops, and at other times the care of the grounds, the opening of new walks, the feeding and care of the stock, the making and repairing fences, in short, the thousand diversified employments and duties connected with the management of a large farm, cannot fail to afford an unfailing variety of occupations which can scarcely fail to interest and benefit the mind, as well as contribute to the health and strength of the body. During winter some of the mechanic trades will afford the necessary employment; and as to games and sports, those of quoits, cricket and foot ball are the only ones which are suited to this class of patients.

PROVISION FOR THE INSANE POOR IN FOREIGN COUNTRIES, AND ESPECIALLY AT CLERMONT, IN FRANCE.

Observations conducted through nearly two years (1849-1862), by careful personal inspection of various lunatic asylums in the different countries of Europe, with long and careful study of the management of our own, have led to the conclusions and opinions enunciated in this paper. But no establishment, as it seems to me, or at least none with which I am acquainted, has so fully and clearly demonstrated the adaptability of the "hospital and cottage plan" to the wants of the insane poor as the "Colony of Fitz James," so called, at Clermont, in France. A detailed account of this establishment was given in two letters of mine, published in the 5th volume of the *American Medical Times*, and written soon after my visit (July, 1862) in company with Dr. D. T. Brown, the able superintendent of the N. Y. Bloomingdale Asylum. The following resumé of this history may prove not uninteresting in this connection.

The village of Clermont is situated some 50 miles northeast of Paris, in the department of Oise, in one of the finest and most productive agricultural regions of France. The original lunatic asylum, established here about 1830, was a private establishment, founded by A. M. Labittc, the father of the three brothers who now have it in charge. At the death of the original proprietor, in 1849, the institution was reorganized; one of the brothers taking the general charge of superintendence; another of the agricultural department; while a third attended to the medical management of the males in the asylum proper. A Dr. Woilez was employed for the female department. This arrangement continued until the year 1856, when Dr. G. Labittc assumed the principal management, aided by an assistant or adjunct physician, two house physicians, an apothecary, &c. At first, about 90 acres of land were cultivated in the immediate neighborhood of the asylum proper, on the border of the village near which the institution was located. It was soon found that it would be more advantageous to the patients to have the principal farm at a greater distance from the asylum, so that the laboring class of patients would have no intercourse with the others. Out of this grew the agricultural colony at a distance of a mile or more from the asylum proper. To carry out this plan a farm of about 500 acres was purchased, pleasantly situated, and the soil fertile, with a small creek running through it, which furnished an abundant and never-failing supply of water. To this farm, after suitable buildings were erected, 40 strong, quiet, chronic male patients were removed from the asylum proper and set to work. The results of this experiment were so successful that other buildings had soon to be erected to accommodate the increasing number of inmates. Improvements and additions have from time to time been made, till a very extensive and complete establishment has been erected, with numerous cottages dispersed over the grounds in four distinct sections, with convenient outhouses, barns, and other farm buildings conveniently located, the entire means having been derived from the profits of the institution. During the last six years during which the system has been fully carried out, the most remarkable success has been witnessed. In a very large proportion of cases the most prompt and well

marked amelioration has been observed. Many who at first appeared indocile, intractable, and unable to perform any serviceable labor, in a short time were found perfectly docile and industrious, and their mental restoration was found to keep pace with the improvement in their bodily health. Patients are transferred from the asylum proper to the colony according to their condition, and when necessary, which seldom happens, they are retransferred to the asylum. On the whole, the complete success of this institution has established, in the minds of those acquainted with its past history, the conviction of its superior adaptation to the objects in view, and solves at last the question of proper provision for the insane poor. From what I observed, and from the statements of the proprietors, it was evident that the idea of confinement and restraint rarely entered into the minds of these apparently happy and contented laborers. They mingled freely in each other's society; enjoyed the largest liberty; laughed, talked, joked—in short, acted like sane human beings; but, as we may assume, they would not have thus acted if shut up in dark cells and padded rooms, or confined by the ordinary methods of physical restraint. In short, I noticed nothing in their looks or actions to distinguish them from the ordinary class of sane French peasants. Nearly all had a cheerful, quiet, healthy look, and performed nearly as much labor as ordinary men engaged in the same kind of work. The four sections which go to make up the establishment are appropriated as follows, viz: 1st. One devoted to the male pay-patients, and dwellings occupied by them and the superintendent; 2d. One to the female pay-patients; 3d. One to females engaged in laundry, &c.; 4th. One the farm where the colonists reside in clusters of cottages. The building of the first section, which is occupied by the director and the male pay-patients, is spacious, but of two stories only, which is conceived to be far better adapted to the purpose than one of three or four stories. It is beautifully situated, with an extensive lawn in front, which is traversed by the creek above mentioned. The building is divided into the usual parlor, sitting, dining, billiard rooms, &c., with spacious apartments for the superintendent and his family. The patients who occupy this section of the asylum proper are pay-patients, generally from the higher classes of French society, and are for the most part tranquil incurables and convalescents.

The farm buildings and the dwellings of the colonists, cover about five acres. The latter are neatly and economically built, very cheerful and tidy in their appearance, and command an extensive and beautiful view. The main building of this section is of three stories, and furnishes ample and convenient accommodations for the physicians, servants, &c., and a portion of the patients. This building has a spacious court, planted with trees, shrubs and flowering plants, &c. There are extensive and well-arranged stables, in which I counted over thirty white farm horses, of the large Boulognois breed. Besides smaller buildings, there was one very large barn, containing threshing and other agricultural machines, a mill for grinding all kinds of grain, and operated by steam power; there were also extensive and well-arranged buildings for cattle, sheep and swine, of which large numbers of the best breeds are always kept. There were at that time nearly fifty beautiful cows on the premises, a cross between the English Durham and the Flemish

breeds, famous for dairy purposes. There were also over 100 swine of the Berkshire and Suffolk breed, some from the late Prince Consort's farm at Windsor, many of which had taken the first premium at different French Agricultural Fairs. There were also well constructed *abattoirs*, in which I noticed two slaughtered fat oxen, six sheep and two calves; which I was told, was the daily allowance of the inhabitants of the asylum and colony. In the winter swine are substituted for calves. The above, with the extensive sheds for carriages, carts, wagons, tools, agricultural implements, &c, make up the principal buildings. A Swiss cottage on the creek contains a hydraulic ram, which distributes water over the farm and gardens for purposes of irrigation; also through the buildings, and to the well-arranged spacious and convenient bathing rooms, &c. There were wine-presses, a cider mill, extensive wine and cider vaults, containing immense casks, each holding many hogsheads of cider made from apples grown on the premises. A liberal allowance of both these beverages is allowed the patients. The section appropriated to the female pay-patients, is a spacious country house, beautifully situated, in the midst of about 20 acres of lawn and park, surrounded by everything which can make the place desirable, as a quiet, charming country residence. The house is of two stories, and in every respect admirably arranged, and furnished with all the usual conveniences and attractions of the best constructed asylums.

The section in which the laundry for the whole establishment is carried on, by the poor female patients, then numbering 107, is also provided with comfortable and convenient buildings, entirely separate from all the other sections, and furnished with the necessary rooms and conveniences for this purpose. A branch of the creek flows through it, constantly renewing the water in the circular reservoir, around which the washing is carried on, on a smooth marble slab inclining inwards, the women standing at their work. In drying, the clothes are first exposed to hot air, and afterwards to the open air. The buildings of this section surround an open green sodded court, planted with trees, shrubs and flowers, and embraces about three acres.

The hospital proper goes under the name of the "Clermont Asylum," that of the agricultural department, the "Colony of Fitz James." M. Auguste Labitte is the general superintendent or director of the whole establishment, while Alexander Labitte has charge of the administrative service and the agricultural colony and department. Under him are a number of sub-directors and the various sane employees, consisting of about 30 men and 13 women. As the "colonists" go out to work in squads or detachments, each has an overseer at its head. Then there are four head gardeners, cowherds, shepherds, millers, butchers, carmen, a chief-mechanic, or rather one for each trade (for in winter a variety of mechanic arts and trades are carried on), a chief-cook. The curate of the asylum proper is the chaplain for the "colony," but both male and female patients attend religious services at the village church, there being at that time no chapel connected with the institution.

An *interne* or assistant physician resides at the "colony" and sees to the carrying out the medical prescriptions. The physician-in-chief makes

a visit of two hours in the middle of the day, and orders all the changes or transfers from the asylum proper to the "colony," and *vice versa*. He prescribes the kind and amount of labor for each patient; in short, he directs the whole moral and disciplinary management of the entire "colony." As changes are occurring from time to time in the mental condition and bodily health of the patients, so these transfers occasionally take place; the "colony" is thus complementary to the asylum, whose inmates are always so numerous that these changes can always be made without injury to the general organization. When a colonist is afflicted by a return of his disease, or an exacerbation, which requires special treatment, or surveillance, he is at once transferred to the hospital. The "colony" is thus only the rendezvous of the strong and docile who quietly submit to the ordered regularity of the service.

The medical end in view is to surround the insane, as far as possible, with the customs and habits of social life; life in common; occupations always useful and interesting; liberty wisely restrained. All these circumstances must necessarily introduce among the colonists friendly and reciprocal relations, interest them in their work, and inspire them with sentiments of personal consideration, which lead them to appreciate services of which they are capable, and banish from their minds every idea of suspicion and restraint. Indeed, no physical restraints are permitted; every intractable patient is immediately sent back to the asylum; *and this transfer is a punishment which they greatly dread, and of course seek to avoid.*

On every Sunday the colonists are taken out to walk and bathe, in groups of twenty or thirty; some are allowed to go out freely without their companions, and have never yet given the proprietors cause to regret the allowance of such liberty. The organization of labor then, is the essential feature in the treatment of the insane at the colony of Fitz James. The regularity of life, the disciplinary order which characterizes every description of work, the kind of occupation assigned to every individual according to his aptitude—all these are of the greatest importance in exciting or diverting the feeble or perverted faculties. Each colonist finds, in the diversity of occupation which daily presents itself, all the elements favorable to the development and exercise of his physical and intellectual activity. The inmates find here, apart from the occupations in which they are generally employed, the conditions of freedom and domestic life which are very difficult to meet with in a large collection of patients. To this end is the peculiar arrangement of the sections, which are organized to receive but a small number. Many of the wealthier class have their own servants who accompany them in their walks; some have the privilege of going out alone; and without quitting the colony, they find, in the incessant movements incident to such extensive agricultural and mechanical employment, sufficient to divert their minds and render their sojourn agreeable. The colony thus offers to convalescents and curable patients the most prompt means of hastening their recovery; it gives a salutary activity to their physical powers, by the wise application and selection of employment; and it moreover induces a favorable modification in the character of their mental disorder; and by the great freedom here enjoyed, they gradually

become accustomed to the habits of domestic life. Even the incurable acquire, in the discipline and regularity of life here enjoyed, habits of order and of work, which makes them docile and industrious laborers. At the section where the laundry is carried on—an employment requiring a certain amount of attention and constant physical exertion—the females are, for the most part, selected from the excited patients at the asylum. The washerwomen are nearly all afflicted with noisy delirium, and cannot be made to submit to the calm quiet of the workshop; they are generally selected from the more robust, and those best capable of performing this kind of labor. Those who spread out the clothes are selected from the melancholy patients; while the imbecile idiotic are entrusted with the duty of carrying the clothes from the wash-room to the drying department. The duty of selecting and folding the clothes is allotted to the tranquil monomaniacs, whose fixed ideas and hallucinations allow sufficiently sustained attention. Many of the female convalescents, and some pay-patients, are employed in this last occupation and in sewing.

The *farm labor* is so diversified as to furnish suitable employment to all kinds of mental derangement. Every patient can be made useful in some way, as there is a great choice of useful and attractive occupations. The colonists are all organized into detachments, as above stated, and each detachment points out, as it were, the intellectual aptitude of the individuals composing it. Such special workmen as are essential to agriculture, as cartwrights, wheelwrights, blacksmiths, joiners and carpenters, etc., are also selected from the patients and employed under the directions of the chief mechanic. The labors of the field and the workshop, the care and management of the animals, the agricultural implements, etc., are distributed among the melancholics, monomaniacs and demented; while the imbecile are charged with the management and cleanliness of the court yards, the cow stables, carriages, carts, etc. The patients engaged on the farm may be classified as follows, according to the nature of their occupations: Farmers, vegetable gardeners, cowherds, hostlers, swineherds, shepherds, drivers (who have charge of agricultural implements), common laborers; house service—cooks, engineers, farriers, turners, cartwrights, painters, butchers. Children are more or less occupied, according to their fitness. The director of the colony makes out every morning the labors of the day; these are given to the chiefs of the workshops, or detachments, consisting of twelve or fifteen in number, who see that they are faithfully carried out.

The division of time varies according to the seasons of the year. In summer the colonists rise at five o'clock in the morning, make their beds, take their first meal, and go to their work at six o'clock. They return at eight for breakfast, resume their labor at nine, and return at eleven. They spend three hours at rest and partaking a second meal (*dejeunér*), and return to labor at two, continuing it till four. They then repose and take a lunch till five, and the labor of the day closes at half past six, when they have supper and retire to sleep at eight, making seven and a half hours of daily employment in summer. In winter they rise at six, take their first meal, but do not work till seven or eight; nothing is done on the farm at

this season. After the first meal they are employed in some light occupation, many in the mechanic shops, in grooming horses and cattle, feeding them and the other animals, cutting wood, etc., till 9 o'clock, and then rest till noon; at midday two hours are devoted to eating and repose; from two till four or five they work, then supper at six, and to bed at half past seven; they thus work but six hours per day in winter. *Some reward is allotted to each workman*, according to the importance or value of his work, and some addition to his ordinary food. There are also various games and amusements for rainy weather—reading rooms, &c. I noticed at the farm a collection of idiotic and imbecile children; most of them, as usual, characterized by imperfect cerebral organization, as shown by the small development of the cerebral lobes. Among them was one well marked Cretin, without goitre, from Savoy. They occupy by day a school room, and have a dormitory, entirely separated from the other patients. They spend three hours every day in school. During the interval of their school hours some are occupied on the farm, the others are walking and playing about the grounds. When they reach a certain age, and are susceptible of the least education, they enter the workshops of the asylum and are assigned some light occupation. Some of them are already tailors, shoemakers, joiners, blacksmiths, etc., and very useful workmen.

I have already stated that the result of this colonizing agricultural experiment, have been remarkably successful. Imbeciles, idiots, the demented, the violently excited and dangerous patients, have become docile workmen, and as industrious as the sane and intelligent. Even the miserable *incurables*, so called, who have, many of them, always been more or less dangerous, and a heavy charge to their families, have after a period of this disciplinary labor, been returned to their homes quiet and orderly, and capable of useful employments. The convalescents and curables remain generally but a short period; their mental condition rapidly improves; the others are restored to their poor families as soon as they can be made useful, at the same time, the proprietors derive considerable pecuniary profits from their labor. Two large farms of more than 600 acres, in a department where land is dear, have been purchased out of the net profits of the establishment; besides the cost of all the cottages, farm buildings, &c. The establishment is, in fact, a practical school of agriculture; all new modes of cultivation, all new and useful agricultural implements are being constantly introduced and tested, and as the colony is situated in one of the most productive agricultural provinces of the kingdom, their experiments are of the greatest benefit to the farmers in the surrounding districts. Here may be seen the best new mowing and reaping machines, the most approved ploughs, harrows, drills, cultivators and other agricultural implements; the most successful modes of raising and fattening improved breeds of cattle, sheep and swine; here are the finest draught horses in France; the best dairy cows, etc., and all this is evidenced by the numerous first prizes which have been awarded at different French Agricultural Fairs. All the buildings, courts, stables, etc., are kept in the cleanest and best condition; every tool and instrument, after being used, is cleaned and put in its appropriate place; the animals are all fed at fixed times; in short, all the details of the wisest and most careful

administration, impart to those who are employed in carrying them out, and who can appreciate their advantages, a sense and habit of order and care, which they carry away with them, and which are ever after of the utmost benefit.

The population of those departments which send their poor insane to this establishment, is essentially an agricultural one, and they accordingly highly appreciate the great advantages of such a model institution, for they are constantly witnessing its beneficial effects on those who are returned in health to their homes, and who at once reduce to practice the knowledge they have acquired, and continue the industrious habits in which they have been so successfully trained.

Although great liberty is allowed to the patients, the attempts to escape do not average more than five or six in the year, and as they all wear a peculiar uniform, they are easily recognized and returned to the colony. *No case of suicide has ever occurred in the establishment*, although very large numbers of melancholics with suicidal propensities are sent to it. Thus, constant employment and its interesting and diversified character, gives a favorable diversion to their thoughts; and then, the colonists themselves have a special surveillance over each other, and if there are any who are predisposed to injure themselves, the more tranquil are advised to keep special watch over them. They are always working together in detachments, and if there is any attempt at escape or suicide, those who prevent it and give information are rewarded. In short, they form a *mutual protection society*, and there noticeably spring up among them sentiments of intimacy and attachments, which exert a most favorable influence over their moral faculties, and render their life in common agreeable and attractive. They soon learn to appreciate these friendly offices, and in a short time get rid of that suspicion which generally characterizes the insane.

During the last twelve years, in spite of many discouragements and obstacles, this institution has been constantly increasing in prosperity. Beginning with 735 patients, it had in 1862, over 1,300—1,200 being the number to which it is limited by Government—561 males and 666 females; of whom 1,012 were indigent and 215 pay-boarders. Patients are sent to it from the three adjoining departments, which pay for males at the rate of \$72 per year, and females about \$25. That the whole establishment is not only self supporting, but a source of immense profits, is proved by the constant accumulation of houses, lands, stock, &c., all of which, as the proprietors stated, has been wholly derived from the profits of the institution. That these consisted in part of payments, made by the wealthy private patients, who paid liberally for good accommodations and extra fare, cannot be doubted, but, that a surplus accrued also from the labor of the chronic insane laborers, is equally probable.*

* Why are our insane asylums so expensive; at Utica costing \$3.40 per week each patient, from 1852 to 1858, while the lowest charge for private patients for board is \$6 to \$7; and at Bloomingdale about the same, while the higher prices we believe, almost equal those in private asylums? It is evident that our State asylums erected and conducted on a proper plan, could not only be made self-sustaining, but a source of profit to the State, and that not from the profit of wealthy, private pay-patients, but the moderate, regulated labor of its pauper chronic insane.

The following statistics serve to show the general results of the management. From 1851 to 1859, 3,788 patients were admitted; 1,871 males, 1,916 females; of these, 2,428 were regarded as incurable, as they were chronic cases; 1,360 curable or recent—the incurable males forming 76.16 per cent; the incurable females, 58.24 per cent; curable males, 24.84 per cent; curable females, 41.76 per cent. Total 67 per cent incurable, and 33 per cent curable. There were discharged during the same period 251 men and 233 women; total, 584 cured; 141 men and 116 women; total convalescent 257; 167 men and 114 women; total, 281, remained uncured; 29 escaped, 17 men and 12 women; total discharged or escaped, 1,152.

OBJECTIONS CONSIDERED.

The history of the "Colony of Fitz James," and its associated asylum, cannot fail, we should think, to convince the most prejudiced mind in favor of the "Asylum and Farm Cottage plan" for the management of the chronic pauper insane. The question has not been fairly presented by the different writers who have considered it; and there seems to have been a combined effort made to bear it down by the influence of names and authority, without a candid consideration of the facts and arguments, which make for its support. We are opposed to rash innovations on this as on other subjects, but we have yet to be convinced of the danger of testing the question by actual experiment. If it should fail, there would be little if anything lost; whereas, if it succeeds, it will be one of the most important reforms of our age. Whether regarded as a remedial or economical measure, we have seen that the new plan has already been recommended by several of the ablest superintendents of our lunatic hospitals, who are dissatisfied with present arrangements. One of them, Dr. Bemis, of the Massachusetts State Hospital at Worcester, actually recommending to the trustees to pull down the present spacious buildings and erect others better suited to the purpose. And during the present year, we see the State of Massachusetts, the first in all wise reforms and public sanitary measures, not only discussing the wisdom of removing a portion of her harmless and incurable State patients to an institution where they can be provided for more cheaply as well as better than heretofore; but she has nearly finished the erection of new buildings at Tewksbury, where the experiment of regulated labor is about to be tried. Other States are contemplating similar measures; and it is sincerely to be hoped that the Empire State will not be the last to enter upon this humane experiment.

It is not to be supposed that the Legislature of New York, in directing its chronic pauper insane to be sent to the new asylum at Ovid, one-half of whom are capable of more or less work, contemplated keeping them there imprisoned as it were in idleness within the walls of the buildings; and we have no doubt that sooner or later the system, as sketched in the preceding pages, will practically be carried out. But in the meantime it is well to consider the subject in all its bearings; inquire wherein it is capable of useful modifications and improvements; and whether there is anything in the circumstances of our people, which renders such a plan less applicable here than in other countries. The fact, that human nature is the same everywhere; that man is everywhere governed by the same

motives and feelings; that insanity assumes the same forms and varieties, and is successfully managed by the same modes of treatment, in all countries, is a sufficient reply to the objection, that the habits and manners of our people vary greatly from those of the people of Europe; and that our insane must therefore be managed on different principles. A system founded in the physiological laws of the human system, whose foundation is laid deep in our very organization, must of necessity prove successful; and one of those laws, universally acknowledged and recognized, is that while inactivity is incompatible with mental or bodily health, exercise is equally necessary for preserving health, when in possession, and for restoring it when lost. Our present system of management for the insane, overlooks, to a great extent, this important law. Patients are left to their own choice, as it were, whether to work or not; no encouragement is held out, no inducements offered to persuade them to labor; they soon see that employment is not the rule and the law of the institution, and they act accordingly; they act very much, indeed, as sane men would under similar circumstances. The latter will never work unless there are adequate motives to compel them. What is wanted is, a steady systematic management, which puts every one to work who is able. I do not say "able and willing," for none would be found willing unless suitable motives can be found to influence the will; and the experiments at Clermont, at Ghel, at the various English asylums, &c., all go to show that such motives exist and can be successfully appealed to. Were the insane promised to have all they earned for example, after deducting the expenses of their support, as soon as they had recovered, it would stimulate we believe a large proportion of them to labor; and if they were paid weekly in coin, and were allowed to deposit their small regular savings in a "Savings Bank," kept in the institution for their sole benefit, it would serve as a constant stimulus to exertion, while it would give them something to think about while at work. This motive has a wonderful effect on the patients at the colony of Fitz James. In England, I found at their insane establishments, generally, that the promise of a few glasses of beer, extra, was sufficient to induce many, who would probably otherwise have been listless and idle, to engage regularly in labor. Inducements and motives, which would prove insufficient for the sane, will prove entirely adequate for the insane. But good faith must always be kept with them; promises must always be performed to the letter; their confidence is easily lost, and when lost it is hard to be regained. What is wanted in our asylums is a regular system of employment; it must be regarded as a matter of course by all poor patients, who are able, as soon as they enter the institution, that they are at once to engage in labor, *for which they are to be paid regular wages*; it must not be left as it is now, for them to choose whether they will do any thing or not. And if this was so, there would be no difficulty whatever. At present, in some of our largest asylums, numbering, in some instances, five or six hundred inmates, we have found but very few, sometimes not half a dozen, who would go out with the farmer or gardener in the morning to work for a few hours; in other cases, we have known a larger proportion, perhaps one-fifth of the chronic male patients, engaged more or less through the day in some light employment, but still large numbers equally, or per-

haps better able to work, were spending their time in idleness and inactivity. In one institution, whose report is now before us for the last year, we find that *four-sevenths* of all the male patients, who had ever been accustomed to manual labor, were more or less steadily employed, chiefly in out-door work; and that without extra inducement but simple persuasion. Under the influence of still stronger motives, who can doubt that a much larger number would have been found willing and able to labor.

In regard to females, sewing and knitting furnish a ready resource; and embroidery and fancy work, to such as have learned these arts, always afford entertainment, and might perhaps remunerative employment. Females should be encouraged, as well as males, by the promise of remuneration. Although it is far more difficult to find labor so well adapted to their taste, habits and capacity, as farm labor is to those of the other sex, still there is more or less variety, and all who are able can be engaged in some service. Some can labor for their own benefit or that of their families; some find employment in chamber work, taking care of the rooms, in the kitchen, laundry, &c., and most can take exercise of some kind in the open air. For amusement combined with exercise, there is nothing to compare with the light gymnastics. It will be seen that the labor we recommend cannot properly be called *compulsory*; it is after all voluntary, as all free labor is, but not without motive. The object in view is not profit, but remedial influences, and whatever profit may accrue is incidental and accessory. It is the duty of every superintendent of such an establishment to see that labor is not excessive, that it is graduated according to the strength and condition of every patient. This may require careful watching and close observation in many cases, but this is one of the duties of a superintendent and his assistants, as much as the timely administration of drugs when needed. It may require equal judgment and as nice discrimination. It is the opinion of all who have studied this subject, that the labor of patients, especially of pauper patients, may be so employed as not only to benefit them, but to diminish at least the cost of their support. At first, the principal if not the sole object in the establishment of insane hospitals was, the proper care and custody of the insane, particularly the old and incurable cases. It was to rescue them from jails and poor houses, and relieve their indigent families from the cost and trouble of their support. It was an effort of philanthropy in behalf of the poor, the friendless and the hopeless; the wealthy were left to be cared for by their friends in their own houses, or in private asylums. In some of the States, as in Massachusetts, this was accomplished to a good extent. A great work was done for humanity; though much still remains to be done. New York has been notoriously deficient in such efforts; and the condition of our insane in poor houses and jails, as revealed in the late report of Dr. Willard, cries aloud for redress and amelioration. As those hospitals answered so good a purpose, even under defective management in many respects, they became the receptacle of nearly all who could gain admission. Pay patients were admitted, because there were not private asylums enough for their accommodation. They became full to overflowing, and they overflowed into wretched poor houses and jails. It is to rescue this class from degradation and misery that the present effort on the part of our State is being

made. It is to relieve thousands of other poor families, unable to sustain the burden, some member of which is now cared for at their homes. The opinion has been constantly gaining ground that our present asylums should be regarded as institutions for the treatment of recent and curable cases only, and not receptacles for the chronic and incurable; and our State legislation has been shaped accordingly, directing all cases of one year's standing to be regarded as incurable and sent to their respective county poor houses. The State, thus far, has found itself unable or unwilling to furnish hospital accommodation for all, or even a sixth part of its insane. There is no reason to believe it will in the future; we mean such expensive accommodations as are furnished at Utica and Bloomingdale. With all the humanity of our people, we doubt whether the additional burden of taxation necessary for this would be patiently borne. But it is unnecessary to go to such an extravagant expense. Far better and more suitable buildings for the purpose can be erected for a tithe of their cost. The entire establishment of the colony of Fitz James, all its cottages and buildings and lands and extensive improvements, were created from the net profits of the institution. What has been done elsewhere can be done here. This can not be done however by simply providing large hospital buildings for the reception and custody of the insane. We need a different class of houses; we need arrangements which will dispense with the necessity, for the most part, of locks and bolts and bars; with drugs and medicines and sleeping draughts at night; with dominoes, billiard tables, chequers, backgammon and bowling-alleys; with pleasure riding, driving, and long walks abroad; we want the expense of pauper patients reduced somewhat below six or eight dollars per week;* let there be sufficient arrangements for all necessary comfort: suitable warmth and ventilation; baths, perfect neatness and cleanliness; provision, when necessary, for safe custody; and everything calculated to promote the best hygienic condition of the inmates; let there be wise, humane and skillful supervision; discreet, intelligent, and if possible, experienced attendants; management, in short, conducive to the highest welfare of the patient. All this will be found truly economical in the end; and the whole can be accomplished, for every insane person within the limits of the State, at an expenditure easily borne, and of which no one would complain; for the establishments would eventually be self-supporting, or next to it. It is a noteworthy fact, moreover, that in all the recent plans for providing for the insane poor, whether in Europe or the United States, it is proposed to make the labor of the patients defray, wholly or in part, the cost of their support. This must have grown out of a conviction that such a result would be beneficial instead of injurious to their welfare, and this conviction has grown out of actual experience. It is one of those facts not recognized at first, but which is developed by the gradual progress of things. It is an important fact then, as bearing on this subject, that insanity does not necessarily impair the bodily health; but even admitting that the bodily condition of the insane is much below the normal standard, exercise in the open air is the best mode of elevating it; and they are not required to labor any longer or any harder than their physical condition

* Adding the interest on the cost of the buildings and improvements to the actual expense incurred in the support of our large asylums, we think the above will not be found an overestimate.

will allow. There may be, it is true, physical enervation; there may be a state of the body marked by decay and debility; it may be that the spring and elasticity of the vital powers have departed; but all this is readily detected by the eye of the experienced physician, or even an ordinary observer; but such persons should not and will not be required to labor.

It is true, also, that the labor of the insane is performed under disadvantages that must affect more or less its pecuniary profit; but it must be remembered that sane day laborers earn far more than is necessary for their support, provided they work steadily and are economical and saving. There are few, comparatively, of the chronic insane who cannot earn enough for their support, provided their accommodations are simple and not palatial. A majority of the insane do actually more than this when they have an opportunity. So far as mechanic labor is concerned, to be profitable in the highest degree, it must be carried on by skilled workmen, in shops furnished with all necessary tools and appliances, and aided by all the advantages which experience has proved to be essential to this end. But this is not aimed at in lunatic hospitals. The State does not wish or expect them to become sources of revenue; she will be well satisfied if they can be made to pay their way. If the *shoes and clothing*, for example, needed in the institution, can be made and repaired by its own inmates out of materials supplied from its own resources (as is done at Clermont), certainly something important will be annually saved; and if all the *grain and vegetables and meat* can be furnished from the same source, as is done there also, a still further saving will be effected; and if, in addition to all this, many of the "incurable," so called, are restored to their reason, and the bodily health and comfort of all greatly promoted, something still more important will have been accomplished. Say not that such labor lacks the stimulus of self-interest or pecuniary gain; habit makes labor pleasant as well as necessary; occupation, suited to the tastes of an individual, becomes agreeable; the conscious relief which it affords to body and mind makes it actually sought after. But in addition to this, let the patient have a pecuniary interest in his work, as is proposed, and he will require no further stimulus to even industrious application in his particular trade or occupation. He no longer works like a mere automaton, but displays, in some degree at least, the activity, intelligence and hope of a sane mind.

Some of the ablest superintendents of our lunatic hospitals have shown their conviction of those truths by introducing certain of the mechanic arts into their establishments, as the late Dr. Woodward, at Worcester, thirty years ago, who found *shoemaking* a source of moderate profit to the institution; Dr. Bell, of the McLean Asylum, Boston, found making *candle boxes* also attended with a similar result. *Basketmaking* and other mechanical occupations have also been tried, none of them, it is true, proved a source of much pecuniary profit; but this was doubtless only a secondary consideration; they were introduced as a part of the treatment, as remedial measures, and not from any expectation of pecuniary results. There is no instance on record, however, so far as we know, where any personal injury has been inflicted by patients on each other, or on themselves when so employed. As Dr. Kirkbride, of the Pennsylvania Asylum, truly remarks: "It is really important that ample provision should be made in connection

with any hospital for the insane, for the mechanical employment of those patients who are likely to be interested in such pursuits, and whose mental and physical condition makes it desirable that they should have such forms of occupation." (Report, 1865.)

It is very unfortunate that the words "*incurable*" and "*hospitals for incurables*," were used in Dr. Willard's late report, for it has led to any amount of useless criticism and objurgation. In our State legislation, which grew out of this report, these words were not used; but the law was worded, "*to make provision for the insane poor*" and "*chronic pauper insane*." The State never contemplated simply making provision for the *incurably insane*, but for those who had lost their reason or been insane over one year, and had no means of support. We need not, therefore, discuss the question whether it is wise in the State of New York to make provision for even such a class of its citizens as *incurables*, though few we think would hesitate in making an affirmative response to the question. But it is contended, as already stated, that the chronic should not be separated from the acute cases, but that both should be treated together in the same buildings. Admitting that the chronic cases would not be injured by contact with the acute or recent, and, on the other hand, that the acute or recent would not be made worse by association with the chronic, we see not how either is to be particularly benefited by the other's society. We should say without hesitation, looking at the matter theoretically, that quiet, manageable, industrious patients would not be likely to derive benefit from the company of the violent, the noisy and the ungovernable; and we think our superintendents act upon this principle, in so classifying their patients as to place these two classes in separate and if possible distant wards. A little greater distance might, we should think, be still better. What would be the effect on the curable insane of intimate association with epileptics, paralytics and the grossly demented? While it is admitted that separation would be perfectly justifiable on curable grounds, it is strangely contended that if done for economical reasons it would be at the expense of humanity and propriety.

In the institution we propose there is to be an *asylum proper* for acute and recent cases, and also an *agricultural colony*, situated at a proper distance but in the vicinity, with suitable cottages, for the chronic and quiet; and they are to be made supplementary to each other, as already described at Clermont. No valid objections, as we can perceive, can be made to such an arrangement. On the contrary, it has the most obvious advantages over all others. Again, it is objected that if a man is intrusted with the charge of a hospital for the insane, for the express purpose of obtaining the utmost amount of labor from the patients, he may be led into practices inconsistent with those sentiments of humanity and gentleness which should preside over the management of the insane. But this is hardly a supposable case. It may have, perhaps, been seen in some instances where State prison labor has been sold, but it is not to be supposed that a great State like that of New York will descend to speculate in the calamities and miseries of its indigent insane. It may be and actually is the case that State penitentiaries are not always self-supporting; in other instances they more than pay the cost of maintenance, but no proper inference can hence be

drawn either against or in favor of employment for the insane. The cases are not analogous. Elements enter into the question in the latter case which do not in the former. Granting that the expenses for their support were not materially lessened by the labor performed, still it would, no doubt, be a wise measure to keep the insane employed, simply as a corrective measure.

It is indeed a very natural inquiry to one who visits English institutions of this kind, and sees a great majority of the patients usefully employed, why the same system is not applicable here? And when he sees, as at the York asylum, a surplus of six thousand dollars in one year accruing from the labor of the patients, he will be very apt to ask the question why the support of the same class should impose such a heavy tax in the State of New York? All attempts to resolve the difference by difference of climate, habits, constitution of the inmates, habitual "obedience to the powers that be," entirely fail. Personal observation satisfies us that the only reason why the indigent insane in England do so much work is that sufficient motives and inducements are held out to them, while here there are not. Labor is there the law of the institutions; here it is an accidental, chance accessory, to be performed or not, as it may happen; as it may be convenient or not; as it may entirely please the patients or not; as it may be thought advisable or not by the friends of the patient, or the trustees, &c. As regards weather, we have greatly the advantage; for we have not one-fourth as many rainy days as they have in England. A greater proportion of our insane, moreover, have been engaged in the cultivation of the soil, and therefore can more readily adapt themselves to this employment. Although it might not be safe to hazard the prophecy that ere many years elapse all the insane establishments of Great Britain will be self-sustaining, it is perfectly safe to say that all may be made such. Whatever has been done can be done again; and what can be done in one country may be done in another, unless special reasons exist, which do not in the present case.

The experiment which has been going on successfully for a thousand years at Gheel, in Belgium, goes far to sustain the views set forth in this paper. There, as is well known, the chronic insane, by ones, twos and threes, are placed in the houses of poor agricultural laborers, with whom they live, work and associate, as members of a common family. They board, lodge and work with their hosts, are treated as companions, paying but a small price, as the fare is simple and their labor somewhat profitable. Their employers take the entire charge of them, and are responsible for their welfare. There is little or no restraint or seclusion. The arrangements are in some respects regulated by law, and the government exercises a little supervision.

This system, so successful in Belgium, is supposed by some to be impracticable here, owing to the different habits and circumstances of our people. To this we make the same reply. Human nature is the same everywhere, and what is possible at Gheel is possible here. Knowledge of insanity can be acquired like all other knowledge; skill and tact in management are always the result of practice and experience, none of them are innate or inherited. Several generations are not required for Yankees to learn to do anything; and sufficient acquaintance with insanity to enable

one to take charge of a quiet insane person is not above the attainment of ordinary farmers.

In fact, this same system has always prevailed in New England as well as some of our other States. "The poor-house of the town is usually provided with land, the cultivation of which, by the inmates, helps to defray the expenses, and in winter some form of in-door employment is furnished. The insane paupers, when able and willing, are put to work with the others, and it is for the keeper's interest in some way or other to surmount their objections." This system, as thus practiced, is no doubt capable of abuse, and has been often abused. Many cruelties have been, and will continue to be practiced by keepers of poor-houses; but the present law provides for taking the whole business out of their hands, and placing it in charge of men specially selected for their peculiar fitness for taking care of such a class of patients. They are to be removed from the guardianship of irresponsible to those of responsible men. The institution will be frequently visited by strangers, as well as those who have relations or friends in it. Abuses cannot long escape detection under such circumstances. It will be made the duty of a board of trustees to visit the establishment frequently and see that the humane provisions of the law are fully carried out. The right kind of men to take charge of the patients will be sought after and found; men of kind and humane feelings, gentle yet firm, watchful and judicious. This is quite different from the New England system of striking off the paupers, including the insane, to the lowest bidder, and then giving no further thought, perhaps, to the matter.

What, then, do the opponents of the new arrangements propose? They are decidedly opposed to all institutions for the purely chronic insane; they agree that the State cannot or will not furnish hospital accommodation for all the incurably insane; they admit that the hospitals are over-crowded, and that the poor houses and jails are not exactly suitable places for them; they do not believe at all in the cottage plan, and some even maintain that it would be useless and even injurious to require any more labor of the insane than they now perform. What then is to be done? Why, we are gravely told that "we must either wait in the vague hope that some feasible plan may be devised, in one way or other, for meeting the present difficulty, or ("what is regarded as a foregone conclusion,") "provide for the care of the insane in hospitals, furnished with all appliances for promoting their comfort, which have been created in the progress of improvement." (*Ray's Report, 1865*)

In conclusion, when we look back on the past history of lunatic hospitals, and see what gradual reforms and improvements have taken place in them; how the condition of their unfortunate inmates has been gradually improved, we cannot but be inspired with a very confident hope, that whatever evils or defects exist in their construction and management, will yet be effectually remedied. In this country, they can boast of having at their head, some of the ablest and most accomplished physicians in the land; men, actuated by ardent zeal in the cause of humanity; zeal, directed and enlightened by knowledge gathered from ample experience, and consecrated to the best interests of the race. In their judgment, experience and skill, the public have every reason to confide. If some of them may seem

attached to present arrangements, and opposed to innovations, it is no more than might be expected of men, who are conscious of having performed a great work for humanity. With the means and instrumentalities which have been placed at their disposal, we are fully confident, however, that they will all yet see and acknowledge the superior advantages of the modified system we have attempted to sketch—a system founded in a greater degree on the physiological laws which govern the corporeal and mental organization of man; and, as they witness the more successful results of a mode of management founded on those laws, they will become the open advocates of the new system, and lend their united influence in favor of its general acceptance and adoption.

